

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 101537858 FILING DATE

APPLICANT(S)

6/8/05

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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IND.	DEP.	IND.
51	/	
52	/	
53	/	
54	/	
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100		
TOTAL IND.	3	
TOTAL DEP.	25	
TOTAL CLAIMS	28	